

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE 042

1000

-62-000428

STATE FILE NUMBER

AMENDED

Registration District No.

FILED JAN 8 1962

Primary Registration District No.

Registrar's No.

4

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Oklahoma b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN Oklahoma City	
Length of stay in 1b 1 month 10 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4818 King Hill Ave.		d. STREET ADDRESS (If outside, give location) 6008 N.W. 58th	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First RAYMOND Middle CRESS Last SURFACE		4. DATE OF DEATH Month January Day 2 Year 1962	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/10/1889
9. AGE (last birthday) 72		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired U.V.M.		10b. KIND OF BUSINESS OR INDUSTRY U.S. Dept. Agriculture	
11. BIRTHPLACE (City and state or country) Gallatin, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Samuel Surface		13b. MOTHER'S MAIDEN NAME Lula Helm	
14. NAME OF HUSBAND OR WIFE Nona			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Mrs. Nona Surface, 6008 N.W. 58, Okla.		Address Oklahoma City,	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary artery disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Gen. atherosclerosis DUE TO (b) years DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Old myocardial infarction		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 4:30 a. Month, Day, Year 11/26/61	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION 1/2/62	
20g. COUNTY 12/21/61		20h. STATE	
21. I attended the deceased from 11/26/61 to 1/2/62 and last saw him alive on 12/21/61 Death occurred at 4:30 a. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE D. Stallard, M.D. (Degree or title)		22b. ADDRESS 902 Edmund	
22c. DATE SIGNED 1/3/62			
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 1/2/1962	23c. NAME OF CEMETERY OR CREMATORY Oklahoma City	
23d. LOCATION (City, town, or county) Oklahoma			
24. FUNERAL DIRECTOR Dexter - Bowman ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Jan 4, 1962	
26. REGISTRAR'S SIGNATURE Mrs. Clark Randall			

(Licensed Embalmer's Statement on Reverse Side)

FEB 15 1962

JAN 16 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William J. Spelling

Licensed Embalmer No. 4535

P. O. Address St Joseph, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.